

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Frank et al.  
Serial No. : 09/997,957 Examiner : Vo, Huyen X.  
Filed : November 30, 2001 Group Art Unit : 2655  
For : METHOD AND APPARATUS FOR THE AUTOMATIC  
SEPARATING AND INDEXING OF MULTI-SPEAKER  
CONVERSATIONS

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

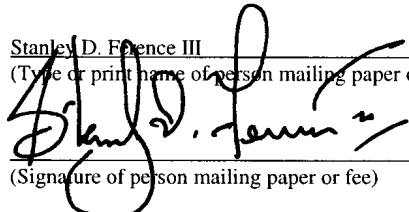
Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-Web on June 20, 2008, 2007 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Faence III  
(Type or print name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☐ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)	SMALL ENTITY				OTHER THAN A SMALL ENTITY	
						RATE	FEE			RATE	FEE
Total Claims	30	-	** 49	=	* 0	x \$25	=	O	x	\$50	= 0
Ind. Claims	6	-	*** 7	=	* 0	x \$105	=	O	x	\$210	= 0
<input type="checkbox"/> Multiple Dependent Claim Presented						+ \$185	=	O	+	\$370	= 0
						<u>TOTAL</u>	= \$ _____	O		<u>TOTAL</u>	= \$0
								R			

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

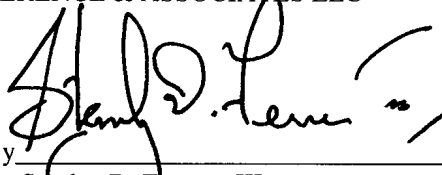
\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$\_\_\_ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

  
By \_\_\_\_\_  
Stanley D. Ference III  
Reg. No. 33,879

Dated: June 20, 2008

Mailing Address:

**Customer No. 35195**  
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(412) 741-9292 - Facsimile